



South Carolina Department of Insurance

Division of Administration
Office of Special Services
Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
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SOUTH CAROLINA PREMIUM FINANCE COMPANY APPLICATION

LICENSE FEE: NONREFUNDABLE
\$500.00

RETURN APPLICATION TO:

S.C. DEPARTMENT OF INSURANCE, SPECIAL SERVICES DIVISION, PO BOX 100105, COLUMBIA, SC 29202-3105

COMPANY NAME: _____

STREET ADDRESS: _____

TRADE NAME (IF ANY) _____ Contact Name: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

FEDERAL TAX ID# _____ PHONE # _____ FAX# _____

DATE OF INCORPORATION _____ STATE OF INCORPORATION _____

APPLICANT IS: ☐ INDIVIDUAL PROP. ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY

I. ATTACH THE FOLLOWING APPLICABLE ITEMS. (MARK N/A IN THE SPACE PROVIDED IF NOT APPLICABLE)

_____ Certified copy of the Board of Directors meeting that authorized this application to be made.

_____ Certified copy of Articles of Incorporation.

_____ Certified copy of Corporate By-Laws

_____ Certified copy of the Certificate of Authority to transact business in the State of South Carolina, issued by the South Carolina Secretary of State. Telephone # 803-734-2158
(Foreign and Domestic)

_____ Certified copy of current partnership agreement. **(Partnerships only)**

_____ Surety Bond or Certificate of Deposit made to the South Carolina Department of Insurance \$50,000

_____ A current audited financial statement of the premium finance company, proposed by a certified public accountant or by a qualified independent accountant who is engaged in the public practice of accounting (financial statement must disclosed net worth of \$20,000)

- _____ Forms used in operation (must be filed in duplicate)
- a. Insurance premium service agreement
 - b. Notice of over due payment (Intent to cancel)
 - c. Payment Book
 - d. Notice to insurer that the policy is financed
 - e. Notice to Request cancellation

II. ADDRESS AT WHICH APPLICANT WILL CONDUCT BUSINESS UNDER LICENSE, AND WHERE DIFFERENT, THE MAILING ADDRESS:

(a) ADDRESS OF PRINCIPAL PLACE OF BUSINESS WITHIN THE STATE:

(b) ADDRESS AT WHICH ALL BOOKS, RECORDS, ACCOUNTS AND DOCUMENTS RELATING TO BUSINESS IN THIS STATE WILL BE KEPT:

(c) IF APPLICANT IS FOREIGN, PROPRIETORSHIP, PARTNERSHIP OR CORPORATION, ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:

III GENERAL INTERROGATORIES:

A. HAS THE APPLICANT, ANY PARTNER, DIRECTOR, OFFICER, OFFICE MANAGER, FIELD REPRESENTATIVE OR STOCKHOLDER OWNING TEN (10) PERCENT OR MORE OF APPLICANT'S OUTSTANDING CAPITAL STOCK EVER:

1. Previously applied in this State for a license to engage in the business of insurance premium financing? _____
2. received a rejection, revocation or suspension of license under the laws of this or any other State governing insurance premium finance, or other consumer financing? _____
3. received a rejection or suspension of license, been convicted or entered a plea of guilty or nolo contendere, with respect to any law or regulation relating to the business of insurance? _____
4. been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship?

5. hold a license to engage in business of insurance premium financing or any similar or related business in any state, district or territory of the United States? _____

6. directly or indirectly under common ownership, control or management or otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of and insurer? _____

What business, other than insurance premium financing, will be conducted by the application?

What entities own at least ten (10) percent of applicant's outstanding capital stock?

Name & Address	Shares	% Ownership	Par Value / Share	Dividend Calculated
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For what agent or agency will the applicant finance insurance premium? _____

Name: _____ Address: _____

THIS APPLICATION IS INTENDED AS AN INDUCEMENT TO THE ISSUANCE OF THE LICENSE APPLIED FOR, AND BY SIGNATURE HEREOF, THE APPLICANT SWEARS (OR AFFIRMS), SUBJECT TO THE PAINS AND PENALTIES OF PERJURY, THAT ALL ANSWER, STATEMENTS AND SUPPLEMENTARY MATERIAL ARE ACCURATE, COMPLETE AND TRUE AND AGREES THAT ANY LICENSE SO ISSUED SHALL BE SO

PRESIDENT OR INDIVIDUAL

PARTNER

(CORPORATE SEAL)

ATTEST: _____
SECRETARY

SWORN AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____ • 20____

MY COMMISSION EXPIRES

NOTARY PUBLIC